MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Action Item # 1: Public Participation on MHSOAC Committees

Below are the three options for public/stakeholder involvement in the MHSOAC which were discussed at the October Commission meeting. The first option is what was proposed in the Draft Work Plan # 3. The second and third options are descriptions of other models of public/stakeholder involvement in the MHSOAC that were introduced on October 26th. Commissioners will take action and adopt a model for public participation on the MHSOAC in November Commission Meeting.

Option A.

The Commission is dedicated to meaningful and inclusive public and mental health stakeholder participation in all of its work. The diversity of ideas brought forward though ongoing stakeholder and public involvement and inclusion will enrich and shape the Commission's discussions and decisions. The statute reinforces this commitment and highlights that the perspective and participation of consumers, family members, and underserved communities, need to be a significant factor in all of the Commission's decision and recommendations.

Much of the work of the Commission is conducted through Commission Committees. An option to be considered by Commissioners for Committee structure and inclusion of the public is: Commission Committees are comprised of Commissioners. Each Committee is then charged with developing a stakeholder and public participation plan that provides meaningful opportunities for inclusion in the Committee's work.

Attached is a list of sample options for public and stakeholder participation for Committees to use as a point of reference. (Please See Attachment B) Different options are useful for different situations, based on the needs of the Committee. The list is not meant to be exhaustive, but it does describe the tools that are most typically used. It is important to note that any one option can be used in combination with other options to provide further opportunity for participation and inclusion.

Option B.

The Commission is dedicated to meaningful and inclusive public and mental health stakeholder participation in all of its work. The diversity of ideas brought forward though ongoing stakeholder and public involvement and inclusion will enrich and shape the Commission's discussions and decisions. The statute reinforces this commitment and highlights that the perspective and participation of consumers, family members, and

underserved communities, need to be a significant factor in all of the Commission's decision and recommendations.

Much of the work of the Commission is conducted through Commission Committees. An option to be considered by Commissioners for Committee structure and inclusion of the public is: Committees are comprised of Commissioners and members of the public. Commissioners are appointed by the Chair and Co-Chair of the Commission to serve as the Chair and Vice Chair of the Standing OAC Committees. The Chair and Vice Chair work closely with their staff coordinator and assigned policy expert to establish a Work Plan at the time of being established or at the beginning of each fiscal year. The Work Plan includes Committee charge, goals, objectives, criteria for public membership, and the requested number of other Commissioners. Each Committee has no more than a total of 15 members (including Chair, Vice Chair, and other Commissioners). Upon completion and approval of Committee Work Plans by the full Commission, Chair works with staff to develop Committee application based on membership criteria established in the Work Plan. Once public members are chosen, they are members of the Committee serving at the invitation of Commissioner Chair and Vice Chair.

Committees are responsible for fulfilling the objectives of the Work Plan. All recommendations for Commission action that develop in the process of Committees completing their Work Plans are taken to the full Commission. No voting takes place at the Committee level. Only appointed Commissioners have the eligibility to vote on OAC Action Items and voting occurs only at full Commission meetings.

Option C.

The Commission is dedicated to meaningful and inclusive public and mental health stakeholder participation in all of its work. The diversity of ideas brought forward though ongoing stakeholder and public involvement and inclusion will enrich and shape the Commission's discussions and decisions. The statute reinforces this commitment and highlights that the perspective and participation of consumers, family members, and underserved communities, need to be a significant factor in all of the Commission's decision and recommendations.

An option to be considered by Commissioners for Committee structure and inclusion of the public is as follows: Standing Committees are comprised of Commissioners. Commissioner membership on Standing Committees, including the Committee's Chair and Vice Chair, are appointed by the Chair and Co-Chair of the Commission. The Standing Committee Chair and Vice Chair work with their staff coordinator and assigned policy expert to establish a Work Plan at the time of being established or at the beginning of each fiscal year. The Work Plan includes Committee charge, goals, objectives, and criteria for public membership. As part of the Work Plan, each Committee is charged with developing a stakeholder and public participation plan that provides meaningful opportunities for inclusion in the Committee's work. The Standing Committee's Work Plan will be ratified by the full Commission.

On policy topics of significance, the Chair and Vice Chair of the Standing Committee will identify public members to serve as an advisory body to the Standing Committee. The policy topics of significance will be identified in the Work Plan. The identified public members will serve as advisors for a designated period of time on a specific policy, for example the development of the PEI proposal that recently went before the Commission. Each of these Committee efforts will have no more than a total of 18 public members.

The Committee Chair works with staff to develop and distribute in a timely manner a Committee membership application for public members, based on criteria established in the Work Plan. For each policy topic that emerges, the Committee Chair and Vice Chair will identify the public membership for ratification by the Commission's Executive Committee.

For Committee efforts with public members, the Commissioner members will have the authority and responsibility for developing the proposal and accompanying recommendations for the full Commission's action. Where there is overall agreement among both the Commissioners and public members of the Committee, it will be highlighted in the Standing Committee's proposal. Where there is disagreement among the Commissioners or between the Commissioner(s) and members of the public, multiple options will be submitted to the full Commission with an explanation of the various viewpoints. The Standing Committee Commissioners have the prerogative of identifying in the proposal which option they support.

No voting takes place at the Committee level. Only appointed Commissioners have the eligibility to vote on OAC Action Items and voting occurs only at full Commission meetings.

Action Item # 2: Committee Structure

During the October meeting, Committees and Technical Resource Groups were discussed and deliberated. Below are 4 options the Commission will take action on in the November 2006 Commission Meeting.

Option A. The Commission consists of 4 Committees (EXEC, CSS/CAP & IT; PEI/INN; ED & TR), 1 Task Force (Stigma and Discrimination Reduction), and 2 Technical Resource Groups (Client and Family; Cultural and Linguistic Competence).

Option B. The Commission consists of 4 Committees (EXEC, CSS/CAP & IT; PEI/INN; ED & TR), 1 Task Force (Stigma and Discrimination Reduction), and 2 Technical Resource Groups (Cultural and Linguistic Competence and Outcomes- introduced in October Commission discussion and responsible for ensuring statewide outcomes of MHSA).

Option C. The Commission consists of 4 Committees (identified above), and 3 Technical Resource Groups (Client and Family; Cultural and Linguistic Competence; and Outcomes).

Option D. The Commission consists of 7 Committees (Executive; Community Services & Supports/ Capitol And It; Prevention & Innovation; Education And Training; Client And Family; Cultural And Linguistic Competence; And Outcomes) and 1 Task Force (Stigma and Discrimination Reduction).

Action Item # 3: MHSOAC Budget

In order to work within the timeline established by the MHSOAC Work Plan, Draft 4, the MHSOAC will need a budget increase that equals approximately 45%. Given the fact that the MHSOAC needs a budget increase approval immediately (no later than December 22, 2006 to plan accordingly for the 2nd half of current fiscal year) the MHSOAC will need to request this budget increase from the California Department of Mental Health as compared to completing a Budget Change Proposal that would be submitted to the Department of Finance.

Option A. MHSOAC will request a budget increase from Department of Mental Health no later than December 22nd, 2006. The budget increase will be funded from MHSA Administrative Overhead (5% of MHSA Fund). The final amount of increase will be used to support the current MHSOAC Work Plan with adequate funds to successfully complete all activities defined within the Plan. The exact amount of the budget increase is to be approved by the MHSOAC Executive Committee and ratified by the full Commission at the January 2007 meeting.

Option B. MHSOAC will not request a budget increase from the Department of Mental Health in the current budget year and will delay the implementation of its Work Plan timeline.